

REPORT OF INACTIVATION

State Form 46800 (R/2-96)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N. SENATE AVE. - INDIANAPOLIS, INDIANA 46204-2277
(317) 232-7436

Please type or print in ink.

Must be completed and returned within ten (10) days.

This form must be filed within 30 days of dissolution or liquidation of business.
Reference Indiana Code 22-4-32-23(b).

Placing an account on 'Inactive Status' will not relieve the owner of any debts owed to the State of Indiana.

FOR OFFICE USE ONLYEffective
DateAudit
ExaminerDate
CompletedRefund
Requested

FILE

This report must be filed if: *(check one)*☐ You or your business discontinued operations in Indiana.☐ Your organization is operating without employees in Indiana.**NOTE:** If you have sold, leased, or merged all Indiana assets into another company, you need to complete State Form 46799, 'Report of Transfer - Complete Sale.'

Indiana SUTA No.: _____ () FEIN: _____ - _____

Legal Name of Employing Unit _____

d/b/a _____

Business Address _____

City _____ State _____ ZIP Code _____ - _____

Date of last payroll: _____
 month day yearALL REPORTS AND CONTRIBUTIONS ARE IMMEDIATELY DUE AND PAYABLE UPON CESSATION OR
DISPOSITION OF BUSINESS. REFERENCE 640 IAC 1-1-6.

If there is a different mailing address from the business address listed above, please indicate:

Current mailing address _____

City _____ State _____ ZIP Code _____ - _____

Contact person _____

Phone No. () _____ - _____ Ext. _____

I certify that the information contained in this notice is true and correct.

Authorized Signature () - _____
Phone Number Date